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| SERIAL NUMBER 10/590,031 | FILING or 371(c) DATE 05/24/2007 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 293949US0X PCT | | |
| APPLICANTS Fabrizio Dolfi, Valbonne, FRANCE; Irina Safonova, Nice, FRANCE; ** CONTINUING DATA ***** This application is a 371 of PCT/FR05/00370 02/17/2005 ** FOREIGN APPLICATIONS ***** FRANCE 0401721 02/20/2004 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/29/2008 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | <input type="checkbox"/> Met after Allowance STATE OR COUNTRY FRANCE | SHEETS DRAWINGS 0 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 1 | |
| ADDRESS OBLON, SPIVAK, MCCLELLAND MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314 UNITED STATES | | | | | | |
| TITLE Use of Metronidazole For Preparing a Pharmaceutical Composition For Treating Pathologies Related to the B-Type Receptor of Interleukin 8 and/or to a Pacap Type 1 Receptor | | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |